FORM OF APPLICATION FOR A LEAVING CERTIFICATE

| I.D. No. : | Date : | |
|---|--------------------------------------|---------------------------------------|
| To, The Headmistress, ST.JOSEPH'S SCHOOL Orlem, Malad (West) | | |
| Dear Headmistress, | | |
| Please furnish me with the Leavi particulars are given below : | ng Certificate of my Son / Daughter, | Necessary |
| Surname | | |
| | G.R.No | |
| Class in which studying / promote | ed to | |
| Date of leaving School | | · · · · · · · · · · · · · · · · · · · |
| | | |
| Date of Birth | Place of Birth | |
| Address | | |
| | | |
| For the use of the school staff | | |
| All fees due have been paid (Including month's notice) | | |
| · · · · · · · · · · · · · · · · · · · | | Treasurer |
| 2. Name has been cancelled fro | om Register Conduct | ···· |
| Application | Clas | ss Teacher |
| | | |
| 3. All Books returned | | |
| | | Librarian |
| The Leaving Certificate may be is | ssued | |
| | Hea | admistress |

- 1. No Leaving Certificate is given until the sums due to the School have been paid in full or satisfactorily arranged for.
- 2. The L.C. will be posted to the given address if a stamped envelope is supplied together with this Application form.